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06/07/2005

FENWICK & WEST LLP
SEICON VALLEY CENTER
801 CALIFORNIA STREET
MOUNTAIN VIEW, CA 94041

Fenwick & West

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09/07/2005 SFELEKE2 00000040 192555 09924079

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David K. Varn

(Depositor's name)

David K. Varn

(Signature)

AUG. 29, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/924,079	08/07/2001	Shuhua Xiang	22682-06188	1586

TITLE OF INVENTION: CELL ARRAY AND METHOD OF MULTIREOLUTION MOTION ESTIMATION AND COMPENSATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	09/07/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAO, ANAND SHASHIKANT	2613	375-240170

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Fenwick & West LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

WIS Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Santa Clara, CA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 10

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- ☒ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

David K. Varn

Date

AUG. 29, 2005

Typed or printed name

David K. Varn

Registration No.

53,718


This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

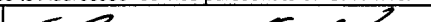
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TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>		Application Number	09/924,079
		Filing Date	August 7, 2001
		First Named Inventor	Shuhua Xiang
		Group Art Unit Number	2613
		Examiner Name	Anand Shashikant Rao
Total Number of Pages in This Submission	5	Attorney Docket Number	22682-06188

ENCLOSURES (check all that apply)	
<input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input checked="" type="checkbox"/> Issue Fee Transmittal (in duplicate) <input type="checkbox"/> Letter to Chief Draftsperson <input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) [] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	David K. Varn, Reg. No. 53,718	Dated:	Aug. 29, 2005

CERTIFICATE OF MAILING			
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Signature:			
Typed or Printed Name:		David K. Varn	Dated: Aug. 29, 2005
Express Mail Mailing Number (optional):			



FEE TRANSMITTAL for FY 2005 <small>Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/924,079 ✓
		Filing Date	August 7, 2001 ✓
		First Named Inventor	Shuhua Xiang ✓
		Examiner Name	Anand Shashikant Rao ✓
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2613
TOTAL AMOUNT OF PAYMENT (\$) 1,400.00		Attorney Docket No.	22682-06188

METHOD OF PAYMENT (check all that apply) <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None Deposit Account: Deposit Account Number: 19-2555 Deposit Account Name: Fenwick & West LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge all required fee(s) or any underpayment of fee(s) due under 37 CFR §1.16 or §1.17 during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		FEE CALCULATION (continued)			
1. BASIC FILING FEE Large Entity Small Entity Fee Code Fee Code Fee Description Fee Paid SUBTOTAL (1) (\$) 0		3. ADDITIONAL FEES Large Entity Small Entity Fee Description Fee Paid 1051 130 2051 65 Surcharge - late filing fee or oath or declaration 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet 1053 130 1053 130 Non-English specification 1812 2,520 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 120 2251 60 Extension for reply within first month 1252 450 2252 225 Extension for reply within second month 1253 1020 2253 510 Extension for reply within third month 1254 1,590 2254 795 Extension for reply within fourth month 1255 2,160 2255 1,080 Extension for reply within fifth month 1401 500 2401 250 Notice of Appeal 1402 500 2402 250 Filing a brief in support of an appeal 1403 1000 2403 500 Request for oral hearing 1451 1,510 1451 1,510 Petition to institute a public use proceeding 1452 500 2452 250 Petition to revive - unavoidable 1453 1,500 2453 750 Petition to revive - unintentional 1501 1,400 2501 700 Utility issue fee (or reissue) 1400 1502 800 2502 400 Design issue fee 1503 1100 2503 550 Plant issue fee 1460 — 1460 — Petitions to the Director 1807 50 1807 50 Processing fee for Provisional Applications 1806 180 1806 180 Submission of Information Disclosure Stmt 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 790 2809 395 Filing a submission after final rejection (37 CFR 1.129(a)) 1810 790 2810 395 For each additional invention to be examined (37 CFR 1.129(b)) 1801 790 2801 395 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) _____			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Total Claims: 20** = 20 x Fee from below = Fee Paid Independent Claims: 3** = 3 x Fee from below = Fee Paid Multiple Dependent: _____ = _____ Large Entity Small Entity Fee Code Fee Code Fee Description 1202 50 2202 25 Claims in excess of 20 1201 200 2201 100 Independent claims in excess of 3 1203 360 2203 180 Multiple dependent claim, if not paid 1204 200 2204 100 **Reissue independent claims over original patent 1205 50 2205 25 **Reissue claims in excess of 20 and over original patent SUBTOTAL (2) (\$) 0		SUBTOTAL (3) (\$) 1400			
**or number previously paid, if greater; For Reissues, see above		*Reduced by Basic Filing Fee Paid			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David K. Varn	Registration No. (Attorney/Agent)	53,718
Signature	<i>David K. Varn</i>	Telephone (650) 335-7183	
		Date	Aug. 29, 2005